

(Please be sure to check the appropriate boxes below.)

- ☐ Professional Planner
- ☐ Planner- in-Training
- ☐ Initial Application
- ☐ Renewal



**State of New Jersey**  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF PROFESSIONAL PLANNERS  
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45016  
NEWARK, NEW JERSEY 07101  
(973) 504-6465

For Office Use Only

Date of examination: \_\_\_\_\_  
Application deadline: \_\_\_\_\_  
Document deadline: \_\_\_\_\_

## Application for Examination in Professional Planning

(This application must be typewritten, completed and signed by the individual who is applying. A certified check or money order must accompany this application. See attached fee schedule.)

### A. GENERAL INFORMATION

Date \_\_\_\_\_

1. Name in full: \_\_\_\_\_  
First name Middle name Last name

2. Home address: \_\_\_\_\_  
Street address

City State ZIP code

3. Home telephone number (include area code): \_\_\_\_\_

4. Business name and address: \_\_\_\_\_  
Name

Street address

City State ZIP code

5. Business telephone number (include area code): \_\_\_\_\_

6. Present position: \_\_\_\_\_

7. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Month Day Year City State

8. Have you been denied any professional license to practice in any state? ☐ YES ☐ NO  
If "YES," please provide an explanation. (Use additional paper if necessary.) \_\_\_\_\_

9. Have you ever been convicted of any criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ YES ☐ NO

If "YES," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Use additional paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a clear, full-face photograph (2"x 2") of your head and shoulders, taken within the past six months. A photo is required with each application. (Do not use staples to attach the photo.)

**B. EDUCATION.** If high school is your highest level of education, list the name of the school and attach a certified copy of your high school diploma. Please also list any colleges or universities you have attended. Any institution listed should be validated by an official transcript. Transcripts must be sent directly to the Board by the college or university (an official transcript only).

[illegible]

**C. REFERENCES OF CHARACTER AND QUALIFICATIONS.** Professional planner applicants shall provide the names and addresses of not less than five reputable citizens, unrelated to the applicant, three or more of whom shall be licensed professional planners having personal knowledge of the applicant's planning experience. Planner-in-training applicants shall provide the names and addresses of three reputable citizens, unrelated to the applicant, at least one of whom shall be a licensed professional planner having personal knowledge of the applicant's planning training or experience. The signatures of references are not required.

[illegible]

## D. DETAILED STATEMENT OF PROFESSIONAL EXPERIENCE

**Please note:** Below, in addition to the details of your experience, furnish the name, address and professional planning position of the person to whom you reported in each engagement. Please show the starting and ending date for each engagement by indicating the month and year. A minimum of 35 hours per week is considered full-time employment. Since credit may be given for part-time employment, it is important to accurately indicate the hours worked per week for each engagement. Part-time employment means a minimum of 15 hours of work per week. No credit will be given for less than 15 hours of work per week.

## Instructions

The statutes which establish the standards and parameters for the licensure of the practice of professional planning define such practice as “the administration, advising, consultation or performance of professional work in the development of master plans in accordance with the provisions of chapters 27 and 55 of Title 40 of the Revised Statutes, as amended and supplemented; and other professional planning services related thereto intended primarily to guide governmental policy for the assurance of the orderly and co-ordinated development of municipal, county, regional and metropolitan land areas, and the State or portions thereof.” [N.J.S.A. 45:14A-2(c).]

Your experience must demonstrate that it conforms to one or more elements of the practice of professional planning as expressed in the statutory definition. You should be specific in order to minimize the possibility of misinterpretation.

[illegible]

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the State Board of Professional Planners for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Planners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14A-1 et seq., together with the Rules and Regulations of the State Board of Professional Planners, N.J.A.C. 13:41-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public



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## (FOR OFFICE USE ONLY )

Application received \_\_\_\_\_ \$ \_\_\_\_\_ Examination date: \_\_\_\_\_

Date of exam	State score	National score

Licensed \_\_\_\_\_  
Date Number

### D. (CONTINUED)

[illegible]

## E. PRESENT LICENSE STATUS

1. Do you hold a certificate from the American Institute of Certified Planners? YES ☐ NO ☐
- If "YES," was this certificate obtained via a written examination? YES ☐ NO ☐
- Date of such examination: \_\_\_\_\_
2. Are you a registered professional planner in any other state? YES ☐ NO ☐
- If "YES," give the name of the state: \_\_\_\_\_
- Were you registered by examination? YES ☐ NO ☐

## F. CHILD SUPPORT QUESTIONS

*Please certify, under penalty of perjury, the following:*

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Do you currently have a child-support obligation?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| a. If "YES," are you in arrears in payment of said obligation?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. If "YES," does the arrearage match or exceed the total amount payable for the past six months?       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Are you the subject of a child-support-related arrest warrant?                                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**\*Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

\*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such number. The Board is further obligated to provide these identifying numbers to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, \_\_\_\_\_, ☐ Consent ☐ Do Not Consent  
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

Internet